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STATEMENT OF DESIGNATION OF COUNSEL

| MUNS 4300,4033,4034 AMG 2/30 | | T T |
|------------------------------|--|--------------|
| NAME OF COUNSEL: | Foley & Lardner | _ w |
| ADDRESS: | 3000 K Street, N.W. | 10 38 |
| | Suite 500 | _≥ |
| | Washington, D.C. 20007 | . 62 |
| TELEPHONE: | (202) 295-4715 (202) 672-5399 | |
| FAAI | (202) 6/2-5599_ | |
| The above-name | d individual is hereby designated | es my |
| counsel and is auth | orized to receive any notification | s and |
| other communication | s from the Commission and to act o | n my |
| behalf before the C | ommission. | • |
| 5/01/02 | Cardy S. Males | uck |
| Date | Signatúre | |
| RESPONDENT'S NAME: | Carolyn Malenick d/b/a Triad Mana Services and Triad Management Ser Inc. | |
| Address: | 8913 Early Street | 1.61- |
| · | Manassas, VA 20110-2548 | |
| | | |
| HOME PHONE: | | |
| Business Phone: | (703) 257-0801 | - |